U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1, File Number U - 11432	2. Fiscal Year Covered From:			
·	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Steven A Nelson	Name Sheet Metal Workers Local Union No. 20			
	Labor Organization File Number 515-617			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 20530			
Street 6450 Ameriplex Drive	Street 2828 E 45th Street			
City Portage	City Indianapolis			
State Indiana ZIP Code + 4 46368-1249	State Indiana ZIP Code + 4 46368			
5. Position in labor organization. Business Agent/Recording Secr	etary			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7,a. Nature of Interest, Transaction, or Income.			
Name SMW LU #20 Joint Appr. & Trng Trust	Expenses for attending the Regional Apprenticeship Contest			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Suite A	7.b. Amount.			
_Street 22828_E345th Street				
City Indianapolis	\$607.08			
State Indiana ZIP Code + 4 46205				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Atun G. Welson	On 07/01/2005 219-764-1900			
	Date Telephone Number			

Name of Person Filing Steven Nelson	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Northwest Indiana Contractor's Association Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 111 W. 10th Street, Suite 98 City Hobart State Indiana ZIP Code + 4 46342	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	Union to Association 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner in connection to officer installation banque		
	12.b. Amount. \$90		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Steven Nelson		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Northwest Indiana Contractor's Association Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 111 W. 10th Street, Suite 98 City Hobart State Indiana ZIP Code + 4 46342	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such deali		
	11.b. Approximate dollar valu	e of such dealing.	
City	12.a. Nature of interest held	d or income received.	
State ZIP Code + 4	Golf and Dinner		
	12.b. Amount.		\$60
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			-
Trade Name, if any:			THE PROPERTY OF THE PROPERTY O
P.O. Box, Bldg., Room No., if any			OTTO CONTRACTOR CONTRA
Street			DOGASSASSASSASSASSASSASSASSASSASSASSASSASS
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Steven Nelson		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Weiss, Peck & Greer Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 909 Third Avenue, 31st Floor City New York State New York ZIP Code + 4 10022	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.	
Name SMW Local 20 Gary Area Pension Fund	Fund Manager to Tr	ust Fund	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 6450 Ameriplex Drive			
	11.b. Approximate dollar valu	ue of such dealing.	
City Portage	12.a. Nature of interest held	"""""""""""""""""""""""""""""""""""""	
State Indiana ZIP Code + 4 46368	Meeting	nner in connection to Trust Fund	
	12.b. Amount.	\$548	
2 Description of the state of t			
 C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 	· · · · · · · · · · · · · · · · · · ·		
	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or parts A and B above) or other thing of value. 14.a. Nature of payment.		
	or other thing of value.		
(including trade name, if any).	or other thing of value.		
(including trade name, if any).	or other thing of value.		
(including trade name, if any). Name Trade Name, if any:	or other thing of value.		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	or other thing of value.		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	or other thing of value.		

Name of Person Filing Steven	Nelson	File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name The Segal Company	a. Labor Organization	
Trade Name, if any:	☑ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
P.O. Box, Bldg., Room No., if any		
Street 101 N Wacker Drive	c, Employer	
City Chicago		
State Illinois ZIP Code + 4 60606		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	process is somewhat is success, a 1 success, which is a control of control of the control of the control of the
Name SMW Local No 20 Gary Area Pension Fund	Actuary to Pension Fund	Orabido mensor
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 6450 Ameriplex Drive		Account of the contract of the
City Portage		A7.1.24
State Indiana ZIP Code + 4 46368	11.b. Approximate dollar value of such dealing.	N/A
	12.a. Nature of interest held or income received.	
	Golf in connection to Actuary Repo	rt
	12.b. Amount.	(est) \$50

Name of Person Filing Steven Nelson	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name CaremarkRx Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2211 Sanders Road City Northbrook State Illinois ZIP Code + 4 60062	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SMW Local Union #20 Welfare and Benefit Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 55287 Street 2828 E. 45th Street City Indianapolis State Indiana ZIP Code + 4 46205	Pharmacy Benefit Manager 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Dinner and baseball game		
	12.b. Amount. \$87		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Steven Nelson	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Legacy Professionals LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 N. LaSalle Street, #4200 City Chicago State Illinois ZIP Code + 4 60602	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Local Union Auditor			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Promotional and Business Meetings	during all meals.		
	12.b. Amount.	\$100		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant?	Fa. Amount of payment.			



DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

2. Nelson 7-1-05